

Robinson (W. J.)

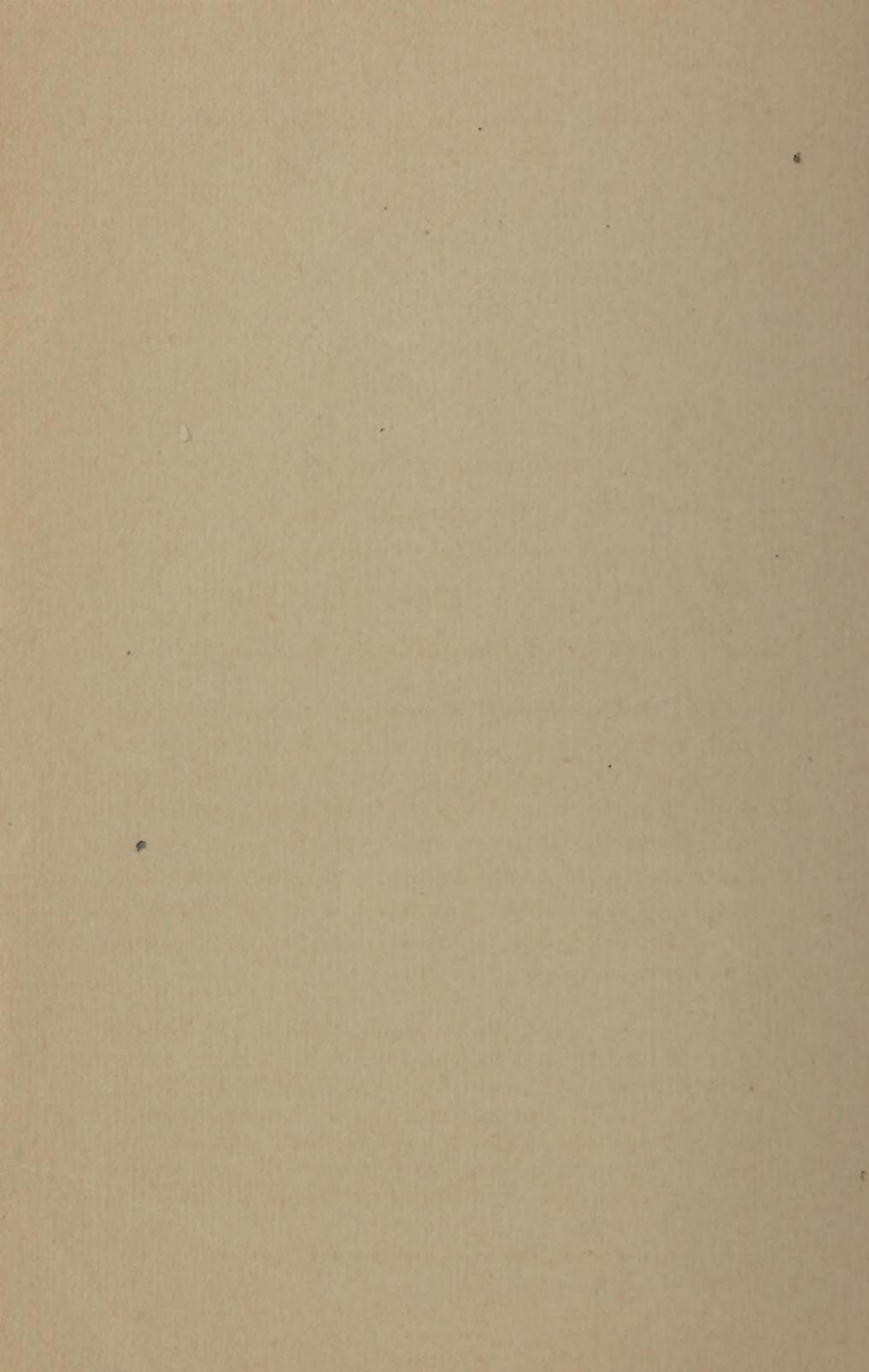
The Remarkable Action of Ich-
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Phlebitis.

BY

WILLIAM J. ROBINSON, M.D., PH.G.

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THE REMARKABLE ACTION OF
ICHTHYOL-GLYCERIN
ON A SEVERE, APPARENTLY HOPELESS, CASE OF
LYMPHANGEIO-PHLEBITIS.

BY WILLIAM J. ROBINSON, M.D., PH.G.

THE powers of ichthyol as an antiphlogistic are certainly well known to the medical profession, but the following case possesses such peculiar features, the action of the ichthyol was so unexpectedly prompt and brilliant, the saving of the man's life was so unquestionably due to that agent, that a detailed report may prove both useful and interesting. The case was kindly referred to me by Dr. F. M. Nye, of 2089 Lexington Avenue, who gave me the following history:

Mr. A. P., fifty-three years old, teacher, had a slight ulcer on his left leg for about four weeks, which he neglected, thinking it would heal "by itself." But it did not heal by itself, the leg began to pain him and to swell, and one morning, about a week before I was asked to take charge of the case, he felt very ill and unable to get up from bed. In spite of treatment, the limb was

getting worse, the pain, redness, and œdema increased, and his general condition became alarming: high fever, chills, anorexia, attacks of syncope, etc. On the 24th of July I took charge of the case and the *status præsens* was as follows, according to my notes: Thin, badly nourished individual; expression, apathetic; color of face and eyes, icteric; tongue coated with thick, brown fur; temperature, 101.8°; pulse, 120, small and compressible. Physical exploration of the chest shows dilatation of left ventricle and slight dullness and liquid râles in lower lobes of lungs, indicative of hypostatic congestion. Subjective symptoms: intense headache, absolute anorexia, constipation, chills twice or three times a day, and occasionally an attack of syncope. The leg is swollen to about double its normal size, of an erysipelatous red, and exquisitely painful. The long saphenous vein is felt as a hard, rigid cord, exceedingly sensitive to the touch. The ulcer on the leg is small, superficial, and altogether insignificant. The man has two inguinal herniae, which descend through the canals at the least strain. On the back, at the point of pressure of the truss, slight decubitus. I took the case reluctantly, gave a guarded prognosis, and instituted the following treatment. I washed the ulcer with a 1-to-500 $HgCl_2$ solution and dressed it with iodoform gauze; it healed slowly and gave no further trouble. I prescribed phenacetine and salol powders, of each 0.3, one three times a day, and the following mixture:

R. Spir. glonoini	0.8 ;
Tr. strophanthi.....	1.5 ;
Strych. sulph.....	0.015 ;
Spir. vini gall.....	30.0 ;
Inf. digitalis.....	90.0.

S.: $\frac{3}{4}$ ss. ter sive quater in die.

This mixture he took regularly, as the attacks of syncope were undoubtedly relieved and prevented by it. For the leg, I ordered continuous hot fomentations of a three-per-cent. solution of acid. carbolicum, with lotio plumbi et opii. The fomentations relieved the pain,

but the inflammation did not abate in the least. Instead of the carbolic acid I used creolin, a 1-to-1,000 HgCl₂ solution; I then used carbolic and salicylic-acid ointments, but nothing seemed to be able to check its continuous, uninterrupted, upward progress. Not only the entire limb was intensely inflamed and oedematous, but the left side, to about the level of the umbilicus, was in the same condition. The scrotum and penis attained enormous proportions. He was unable to move, and his sufferings were pitiful in the extreme. On the 30th of July I was hastily summoned at 6 A. M., and found his condition such as to give rise to the gravest apprehension. Pulse, threadlike, 140 a minute; temperature, 104°; first heart sound almost inaudible. I administered a hypodermic of digitalis, strychnine, and nitroglycerin, and ordered a twenty-five-per-cent. solution of ichthyol in glycerin. I enveloped the inflamed parts in lint soaked in that solution, and covered it with cotton and oiled silk. I entertained little hope of his recovery. But when I called in the afternoon of that day, the picture had completely changed. Temperature, 100°; pulse, 96; the redness and oedema diminished to a remarkable degree. The applications were repeated three times a day. On the next day the swelling had completely disappeared from the leg and genitals; on the back it persisted for a couple of days longer. His convalescence from that day on was uninterrupted. On the 5th of August every trace of inflammation had disappeared, but he felt very weak. Under routine tonic treatment (iron, arsenic, strychnine) he gained strength rapidly, and on the 14th of August he was making his visits to his pupils as usual.

NOTE.—The man has since had another attack of phlebitis, this time in the right leg. The symptoms were practically the same as in the first attack, though not quite so severe. The treatment outlined above was repeated, but in addition I ordered very large doses of ichthyol internally—a pill of four grains and a half every hour through the day and two or three times during the night. The result was highly satisfactory; in three days he was quite well. Hard nodules are still to

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be felt in the course of the veins, but are disappearing rapidly under the internal and external use of ichthylol. I may mention that for external use I prescribed the liquid form of ichthylol (ammonium sulphichthylolate), and for internal use the solid form (sodium sulphichthylolate).

112 EAST ONE HUNDRED AND TWENTY-EIGHTH STREET.

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